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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application No.	10/664,442
Filing Date	9/19/2003
Patent/Registration No.	7241318
Grant Date	7/10/2007
Inventor/Owner	Create Co., Ltd.
Attorney Docket No.	C019-P08137US

P.(ommissioner for Patents .O. Box 1450						
	Alexandria, VA 22313-1450						
Ple	Please withdraw me as attorney or agent for the above identified patent application, and						
	all the attorneys/agents of record.						
L	the attor	rneys/agents (with re	egistration numbers) listed on the atta	ached paper(s), or		
X		neys/agents associ			33356		
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.							
The reasons for this request are:							
\square 10.40(b)(1) \square 10.40(b)(2) \square 10.40(b)(3) \boxtimes 10.40(b)(4): The practitioner is discharged by the client.							
□ 10	.40(c)(1)(i)	10.40(c)(1)(ii)	10.40(c)(1)(iii)	10.40(c)(1)(
□ 10	.40(c)(1)(v)	10.40(c)(1)(vi)	10.40(c)(2)	10.40(c)(3)	•		
	.40(c)(4)	10.40(c)(5)	10.40(c)(6)	_			
Certifications							
Check each	n box below that is	factually correct. WA	RNING: If a box is left	unchecked, the requ	uest will likely not be approved.		
1. 🖾 I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.							
2. Me have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.							
3. 🗵 🛭	We have notified	the client of any res	ponses that may be	due and the time f	rame within which the client must respond.		
Please pr	ovide an explan	ation, if necessary:					
			CORRESPONDE	NCE ADDRES	S		
1.	The corre	spondence address is	NOT affected by this	withdrawal.			
2. 🗵	2. X Change the correspondence and address and direct all future correspondence to:						
The address associated with Customer Number: 24335							
OR							
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I am auth	orized to sign o	on behalf of myself	and all withdrawin	ng practitioners.			
Signature	/Douglas N. L	arson/		_			
Name	Douglas N. Larson			Registration No.	29401		
Date				Telephone No.	805-230-1350		
	ndrawa l is effective				between approval of withdrawal and the expiration disapproved.		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patenth of Tice, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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